RI SOS Filing Number: 202574406710 Date: 6/11/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

STA STA SECRETARY DEFO

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by May 31.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|--|---|------------------|-------|-------|
| 001694959 | Oluperry Limited Liability Company | | | |
| 3 NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 485310 | | | | |
| 5. State of Formation | | | | |
| RI | Non emergency I kansportation. | | | |
| 6. Principal Office Address | | City | State | Zip |
| 34 DICKMSON AVENUE | | North Providence | RI_ | 02904 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name | | Contact Title | | |
| Olumide Dumpye | | Owner | | |
| Street Address | | City | State | Zip |
| 34 DICKMSON AVENUE | | North Moviclence | RI | 02904 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | |
| Name of Authorized Person | | | Date | |
| Olymiae Duroja | | 6/11/2025 | | |
| Signature of Authorized Person | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JUN 11 2025 8:41am

BY LKS TKZCE